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## BIB DATA SHEET

CONFIRMATION NO. 3932

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/551,119   | <b>FILING or 371(c) DATE</b><br>09/23/2005<br><b>RULE</b>   | <b>CLASS</b><br>604           | <b>GROUP ART UNIT</b><br>3735   | <b>ATTORNEY DOCKET NO.</b><br>1657 WO/US |                                |
| <b>APPLICANTS</b><br>Quent Besing, Eureka, MO;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/11048 04/08/2004 /sgg 9/25/2008/<br>which claims benefit of 60/463,220 04/16/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/23/2006 |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /SAMUEL G<br>GILBERT/<br>Acknowledged Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>MO | <b>SHEETS DRAWINGS</b><br>3   | <b>TOTAL CLAIMS</b><br>20                | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Mallinckrodt Inc<br>675 McDonnell Boulevard<br>PO Box 5840<br>St Louis, MO 63134<br>UNITED STATES  |   |                               |   |  |                                |
| <b>TITLE</b><br>Radiation shield for a safety syringe having a needle sheath   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |